

PRINTED: 04/01/2014  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/18/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAUREL MANOR HEALTH CARE

902 BUCHANAN RD  
NEW TAZEWELL, TN 37825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the building to ensure the safety of the residents. The findings include:</p> <p>Observation and interview with the Maintenance Director, on March 18, 2014 at 10:30 a.m. confirmed the ceiling in the lighthouse day room and by the nurses station had peeling paint caused from a previously repaired water leak in the attic.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2014.</p>	N 831	<p><b>N 831 1200-8-6-.08(1) Building Standards</b></p> <p>The ceilings in the lighthouse Day Room and the area by the Nurses station was repaired to compliance On April 7<sup>th</sup>, 2014</p> <p>All other ceilings were observed and Checked for peeling paint by the Maintenance Director, no other Problem areas were identified</p> <p>All ceilings in the building will be Inspected by the Maintenance Director On a quarterly basis to insure compliance</p> <p>Report of quarterly building standards Inspections will be presented to facility's monthly QAPI committee meeting attended by the Administrator or Proxy, Director of Nursing or Proxy, Staff RN, Social Worker, Medical Director or designee, and Maintenance Director.</p>	April 30, 2014

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5400

13EU21

If continuation sheet 1 of 1